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Approved for use through 03/31/2007. OMB 0651-0031

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FORM**

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Total Number of Pages in This Submission

2

Application Number

10/058,554

Filing Date

January 28, 2002

First Named Inventor

George Zivan

Art Unit

3628

Examiner Name

Kirsten Sachwitz Apple

Attorney Docket Number

7092.3002.001

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Reising, Athington, Barnes, Kisselle, P.C.		
Signature			
Printed name	Steven L. Permut		
Date	12/21/06	Reg. No.	28,388

**CERTIFICATE OF TRANSMISSION/MAILING**

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF  
ATTORNEY WITH****CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/058,554
Filing Date	January 28, 2002
First Named Inventor	George Zivan
Art Unit	3628
Examiner Name	Kirsten Sachwitz Apple
Attorney Docket Number	7092.3002.001

92x I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☒ Firm or  
Individual Name Mr. George Zivan

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name George Zivan

Date 12/18/06

Telephone (248) 680-1500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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